

CERTIFICATION/LICENSURE RENEWAL APPLICATION

Attached please find an application for certification/licensure renewal. Please complete and submit the application in its entirety. **The application and payment must be received in the BAPP Board Office (or postmarked) by the last day of the practitioner's birth month.**

A maximum of 10% of the certified and licensed practitioners will be audited on a monthly basis every two years, in even-numbered years. If audited, the burden of proof to demonstrate adequate Continuing Professional Training lies with the practitioner.

Audits will be conducted in the following manner:

- a. The Board will notify each practitioner who has been randomly selected for an audit.
- b. The Board will ask the practitioner to submit a copy of the Continuing Professional Training documentation for each training activity attended. To show compliance with the Continuing Professional Training requirements, each practitioner must obtain proof of attendance and completion from the sponsoring organization for each course or training activity attended. Documentation must be signed by a representative of the institution or organization presenting the course or activity.
- c. The BAPP staff will review the documentation and verify the practitioner's 'Continuing Education/Training Report' form with the supporting documentation.
- d. If there is a discrepancy, the Board office will seek further information from the practitioner.
- e. False documentation will be cause for a referral to the Board of Directors.
- f. Failure of a practitioner to comply with the Continuing Professional Training audit may result in the lapse of certification or licensure.

To clarify: You will need to **submit the ‘Continuing Education/Training Report’ form that documents the required continuing professional training hours that you have obtained during this 2-year reporting cycle. You will not submit certificates of attendance or documentation unless you are audited. The Board will conduct random audits, as stated in the above policy. It is your responsibility to maintain accurate records and provide them to the Board, if requested.**

Applicants shall be denied status if convicted of, pled guilty or no contest to, and/or received a suspended imposition of sentence for a felony offense within 5 years of the date of application. All sentencing requirements must be completed or satisfied prior to the date of application.

The BAPP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted recognition, certification, licensure, renewal, status upgrade, or reciprocity until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

If you have any questions, please contact the BAPP Administrative office.

SEND COMPLETED APPLICATION AND RENEWAL FEE TO:

BAPP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Certification/Licensure Renewal Application

A Check or Money Order Must Accompany This Renewal Application

Check One	Certification	Renewal Fee
	Certified Chemical Dependency Counselor (CCDC)	\$175.00
	Certified Addiction Counselor (CAC)	\$175.00
	Licensed Addiction Counselor (LAC)	\$200.00
	Certified Prevention Specialist (CPS)	\$175.00
	Dual Credentialed (CCDC/CAC & CPS)	\$262.50
	Dual Credentialed (LAC & CPS)	\$287.50

Note: Practitioners on retirement status pay half of the required renewal fee.

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

Social Security #: _____ Birth Date: _____

CURRENT EMPLOYMENT:

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Name of Supervisor: _____

STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:

_____ Female

_____ Male

Ethnicity:

_____ African American

_____ American Indian

_____ Asian/Pacific Islander

_____ Caucasian

_____ Hispanic/Latino

_____ Other: _____

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification/licensure. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified/Licensed Professionals and Trainees have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

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By checking this box, I hereby attest that I have read and will comply with the Codes of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

The Codes of Ethics can be viewed and/or printed at: www.dss.sd.gov/behavioralhealthservices/licensingboards. Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted certification/licensure by the BAPP.

Signature of Professional

Date

Authorization and Release of Information

I hereby attest that I have not been convicted of, plead guilty to, or plead no contest to, any felony, or to any crime involving moral turpitude or like offense, including any crimes of offenses where imposition of sentence was suspended.

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal must be disclosed to the Board of Addiction and Prevention Professionals (Board), and that this information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I hereby understand that my obligation to disclose whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal includes any crimes or offenses where imposition of sentence was suspended. (See 'Statement of Felony Charges' form.)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional certificate or license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional certificate/license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny, suspend, or revoke trainee recognition, certification, or licensure status and may result in administrative, civil, or criminal legal action.

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I hereby certify that the information contained herein is correct and true, and that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to check this box, you will need to provide the Board with a written explanation.

Printed name: _____

Signature of Professional

Date

Statement of Felony Charges

All felony charges must be disclosed to the Board of Addiction and Prevention Professionals (BAPP). Felony charges include being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal and includes any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I have had felony charges filed against me. Yes _____ No _____

If you answered 'yes', please provide detailed information below:

Date charges were filed: _____

The Disposition:

The Sentence or Fine:

State why you feel this felony charge does not affect your ability to effectively work in the addition counseling or prevention services field:

Signature of Professional

Date

BAPP CONTINUING EDUCATION/TRAINING REPORT FORM
(Use this form to submit Continuing Professional Training Contact Hours)
(Duplicate page as needed)

Name (please print): _____

See below for the number of continuing education/training hours required. These hours are submitted to the Board in your birth month of even-numbered years. Only include hours approved by the BAPP.
 If you need clarification, please contact the BAPP Administrative Office.

Check One	Certification / Licensure	Continuing Education Hours Needed
	Certified Chemical Dependency Counselor (CCDC)	40 hours every two years
	Certified Prevention Specialist (CPS)	40 hours every two years
	Certified Addiction Counselor (CAC)	40 hours every two years
	Licensed Addiction Counselor (LAC)	40 hours every two years
	Dual Credentialed	60 hours every two years
	Retirement Status	Half of the required hours

Date of Training Activity	Title of Training Activity	Sponsor of Training Activity	Contact Hours Earned	Training Format: 1. Conference/Workshop 2. College Course 3. Internet Training 4. Agency Sponsored
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4

Note: A maximum of 15 hours if singly credentialed (or 20 hours if dually credentialed) can be from teaching or training time.

TOTAL HOURS

Please complete this form in its entirety. Make sure all information supplied is accurate and legible. If selected for an audit, you will be asked to submit official documentation of the above hours.

THIS FORM MUST ACCOMPANY YOUR RENEWAL APPLICATION AND PAYMENT

I hereby certify that the information above is correct and true. Failure to provide accurate information may result in the Board refusing to renew your certification/license.

Signature

Date

Revised 11/18/13